

<b>MILITARY POLICE REPORT</b> (AR 190-46)		Military Police Report Number <b>0014-00-MPC857</b>	Date (YYYYMMDD): <b>24 JAN 2000</b>	ORI NUMBER <b>E88053DM</b>	USACRC CONTROL NUMBER <b>00-MPC857-0607T-6C2B</b>																												
THRU:		TO: GENERAL MANAGER AFRC GARMISCH APO AE 09063		FROM: COMMANDER GARMISCH MP STATION APO AE 09053																													
<b>Section I - Administration</b>																																	
1. Report Type: ( ) Information ( ) Traffic ( ) Military Offense (X) Criminal ( ) Complaint	3. Evaluation: (X) Founded ( ) Unfounded  4a. Complaint Date: (YYYYMMDD): <b>2000/01/18</b>  4b. Complaint Time (24hr): <b>0030</b>	4c. Complaint Received By: ( ) In person ( ) 911 ( ) CB (X) Telephone ( ) Mail ( ) Radio ( ) Crime Stoppers ( ) Alarm ( ) Other Referral by (Specify):	5a. Clearance Reason: ( ) A Death of Offender ( ) B Prosecution Declined ( ) C Extortion Declined ( ) D Victim Refused To Cooperate ( ) E Juvenile, No Custody ( ) U Unfounded ( ) X Apprehension	5b. Exceptional Clearance Date: (YYYYMMDD): --/--																													
2. Status: (X) Initial ( ) Supplemental ( ) Cdr's Action		5a. MP Action: ( ) MPI ( ) CID ( ) CMI Authorities ( ) Traffic ( ) Other	5b. Date Referred (YYYYMMDD): --/--	7. Involvement: ( ) Hate ( ) Domestic ( ) Death ( ) Gang ( ) Trainee ( ) Extremist																													
<b>Section II - Offense (For additional offenses, complete DA Form 3976-1)</b>																																	
1a. Offense No. <b>001</b>	1b. Subject No. Involvement: <b>2, 3, 1</b>	1c. Victim No. Involvement:	1d. NIBRS Location Code: <b>14</b>	1e. ( ) Attempted (X) Completed	1f. Same Offense Data for All Offense Codes: ( ) Yes ( ) No (See 3975-1)																												
1g. Offense Code(s): <b>6C2B</b>	1h. Offense Description(s): <b>GCC, SECTION 223, PAGE A-70 BODILY INURY</b>			1i. Offense Location Address: <b>BLDG #308, ABRAMS COMPLEX</b>  <b>APO AE 09063-</b>																													
2a. Begin Date (YYYYMMDD): <b>2000/01/19</b>	2c. End Date (YYYYMMDD): <b>2000/01/19</b>	3. Types of Criminal Activity (Check Up To Three): ( ) B Buying/Receiving ( ) D Operating/Promoting/Assisting ( ) C Cultivating/Manufacturing/Publishing ( ) P Possessing/Concealing ( ) D Distributing/Selling ( ) T Transporting/Importing ( ) E Exploiting Children ( ) U Using/Consuming		4. Offense Statutory Basis: ( ) A UCMJ ( ) B Non-Criminal Fatality ( ) C State (X) D Local ( ) E Foreign ( ) F Federal, non-UCMJ	5. Offender Used (Check Up To Three): (X) A Alcohol ( ) C Computer Equipment ( ) D Drugs/Narcotics ( ) N Not Applicable																												
2b. Begin Time (24hr): <b>0015</b>	2d. End Time (24hr): <b>0025</b>	6. Type of Weapon/Force (Check Up To Three And Whether (F) Fully Automatic, (S) Semi-Automatic, (M) Manual or (U) Unknown): ( ) 11 Firearm (Unit Type) ( ) 20 Knife/Cutting Instrument ( ) 65 Fire/Incendary ( ) 95 Unknown ( ) 12 Handgun ( ) 30 Blunt Object ( ) 70 Narcotics/Drugs (X) 98 None ( ) 13 Rifle ( ) 35 Motor Vehicle ( ) 85 Asphyxiation ( ) 14 Shotgun ( ) 50 Poison ( ) 90 Other (Specify) ( ) 40 Personal Weapons ( ) 80 Explosives			7. (For Burglary/Housebreaking Only): -- Number of Premises Entered. ( ) Forcible Entry ( ) No Forcible Entry																												
8. Aggravated Assault/Homicide Circumstances (Check Up To Two): ( ) 1 Argument ( ) 8 Other Felony Involved ( ) 2 Assault on Law Officer ( ) 20 Criminal Killed By Private Citizen ( ) 3 Drug Dealing ( ) 30 Child Playing With Weapon ( ) 4 Gangland ( ) 31 Gun Clearing Accident ( ) 5 Juvenile Gang ( ) 32 Hunting Accident ( ) 6 Domestic Quarrel ( ) 33 Other Negligent Wpn Handling ( ) 7 Mercy Killing ( ) 35 Other Negligent Killings			9. Additional Justifiable Homicide Circumstances: ( ) A A criminal attacked police officer and that police officer killed the criminal ( ) B Criminal attacked police officer and was killed by another police officer ( ) C Criminal attacked a civilian ( ) D Criminal attempted flight from a crime ( ) E Criminal killed in commission of a crime ( ) F Criminal resisted arrest ( ) G Unable to determine																														
10. Bias Motivation (As Applicable): ( ) Yes ( ) No (X) Unknown																																	
<b>National Incident Based Reporting System (NIBRS) Location Codes</b>																																	
<table border="0"> <tr> <td>01 Air Bus/Terminal</td> <td>08 Dept/Discount Store/Exchange</td> <td>15 Jail/Prison/Corrections Facility</td> <td>22 School/College</td> </tr> <tr> <td>02 Bank/Credit Union</td> <td>09 Drug Store/Pharmacy/Clinic</td> <td>16 Lake/Waterway/Ocean</td> <td>23 Service/Gas Station</td> </tr> <tr> <td>03 Bar/Club/NOG Club</td> <td>10 Field/Woods/Training Area</td> <td>17 Liquor Store/Club VI</td> <td>24 Specialty Store/Concessionaire</td> </tr> <tr> <td>04 Church/Synagogue/Temple</td> <td>11 Government/Public Building</td> <td>18 Motor Pool/Parking Lot/Garage</td> <td>25 Child Care Facility/Home Day Care</td> </tr> <tr> <td>05 Commercial Office Building</td> <td>12 Grocery Store/Commissionary</td> <td>19 Rental/Storage Facility</td> <td>26 Recreation Area/Park</td> </tr> <tr> <td>06 Construction Site</td> <td>13 Highway/Road/Way/Street</td> <td>20 Residence/Quarters/Barracks/BEQ/BOQ</td> <td>27 Training Center/Service School</td> </tr> <tr> <td>07 Convenience Store/Shop/Store</td> <td>14 Hotel/Motel/VAC/VQC/TLC</td> <td>21 Restaurant/Dining Facility</td> <td>28 On Board Ship</td> </tr> </table>						01 Air Bus/Terminal	08 Dept/Discount Store/Exchange	15 Jail/Prison/Corrections Facility	22 School/College	02 Bank/Credit Union	09 Drug Store/Pharmacy/Clinic	16 Lake/Waterway/Ocean	23 Service/Gas Station	03 Bar/Club/NOG Club	10 Field/Woods/Training Area	17 Liquor Store/Club VI	24 Specialty Store/Concessionaire	04 Church/Synagogue/Temple	11 Government/Public Building	18 Motor Pool/Parking Lot/Garage	25 Child Care Facility/Home Day Care	05 Commercial Office Building	12 Grocery Store/Commissionary	19 Rental/Storage Facility	26 Recreation Area/Park	06 Construction Site	13 Highway/Road/Way/Street	20 Residence/Quarters/Barracks/BEQ/BOQ	27 Training Center/Service School	07 Convenience Store/Shop/Store	14 Hotel/Motel/VAC/VQC/TLC	21 Restaurant/Dining Facility	28 On Board Ship
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<p>For use of this form see AR 190-45, the proponent agency is ODCBOPS</p> <p>PRINCIPAL PURPOSE: Title 10 United States Code Section 301; Title 5 United States Code Section 2851, Executive Order 9397 dated November 22, 1943 (SSN)</p> <p>ROUTINE USES: To provide commanders and law enforcement officials with means by which information may be accurately identified</p> <p>DISCLOSURES: Your Social Security Number is used as an additional alternate means of identification to facilitate filing and removal</p> <p>One feature of your Social Security Number is voluntary</p>																																	

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00014-00-MPC857

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Section III - Subject (For additional subjects, complete DA Form 3975-2)					
1a. Subject No: 1	1b. Name (Last, First, Middle Name, Jr., Sr., III): CONLEY, NEIL JOSEF	1c. SSN/FNI [REDACTED]	1d. Protected Identity: ( )	1e. Grade NA-3	1f. Home Phone: 440-2844
1g. DOB (YYYYMMDD): [REDACTED]	1h. POB: City, State, Country: ZANESVILLE, OH US	1i. Citizenship: ( ) US ( ) Resident Alien ( ) Country (Specify):	1j. Component: ( ) G Nat'l Guard ( ) R Regular ( ) V Reserves	1k. License: ( ) FR Foreign ( ) IT International ( ) State (Specify):	1l. Zip/APO: 08063
1m. Drivers Lic. Number:	2a. Organization, UIC, And Street Address: W4RH01 ARMED FORCES RECREATION	2b. Installation/City: APO	2c. State/Country: AE	2d. Zip/APO: 08063	2e. Unit Phone:
2f. Residence Street Address: ABRAMS COMPLEX, RM 286	3a. Installation/City: GARMISCH	3b. State/Country: GE	3c. Zip/APO: 08063	3d. Unit Phone:	
4a. Hair Color: ( ) Brown ( ) Blond ( ) Black ( ) Gray ( ) Red ( ) White ( ) Other (Specify):					
4b. Eye Color: ( ) Brown ( ) Black ( ) Gray ( ) Blue ( ) Green ( ) Hazel ( ) Violet					
4c. Complexion: ( ) Albino ( ) Black ( ) Dark ( ) Dark Brn ( ) Fair ( ) Light ( ) Light Brn ( ) Medium ( ) Medium Brn ( ) Ruddy ( ) Yellow ( ) Sallow ( ) Olive					
4d. Age Range (Specify):	4e. Height: 74	4f. Weight: 185	4g. Juvenile: ( ) Yes ( ) No	4h. Sex: ( ) Male ( ) Female ( ) Unknown	
7. Race: ( ) A Asian/Pac. Islander ( ) B Black ( ) I American Indian/ Alaskan Native ( ) W White ( ) U Unknown	8. Ethnicity: ( ) H Hispanic ( ) N Not of Hispanic Origin ( ) U Unknown	9. Identifying Marks And Location: NONE VISIBLE		11. Offender's Disposition: PROCESSED AND RELEASED	
10. How Dressed at Time of Incident (Clothing, Materials, Colors): CIVILIAN ATTIRE					
12. Security Clearance: ( ) None ( ) Confidential ( ) Secret ( ) Top Secret ( ) Other (Specify):					
13. Marital Status: ( ) Annulled ( ) Divorced ( ) Divorced Decree Not Finalized ( ) Legally Separated ( ) Married ( ) Single ( ) Widowed					
14. Subject Armed With (Check Up To Two And Whether (F) Fully Automatic, (M) Manual, (S) Semi-Automatic or (U) Unknown). ( ) 1 Unarmed ( ) 11 Firearm (Unk Type) ( ) 12 Hand Gun ( ) 13 Rifle ( ) 14 Shotgun ( ) 15 Other Firearm (Specify Below) ( ) 16 Lethal Cutting Instrument ( ) 17 Club/Blackjack/Knuckles		15a. Subject Involvement: ( ) Accessory ( ) Conspiracy ( ) Principle ( ) Solicit		15b. Apprehension Type: ( ) Military ( ) Surrender ( ) Civil Authorities ( ) Other (Specify):	
15c. Apprehension Date (YYYYMMDD): 2008/01/19		15d. Apprehension PMO (UIC/MPC): WCAXAA		15e. Detention Type: ( ) N Non-Uniformed Svc ( ) U Uniformed Svc.	
15f. How Dressed At Time of Apprehension: CIVILIAN ATTIRE					
15g. Disposition Of Person Under 18 Years: ( ) H Handled Internally ( ) R Referred to Other Authorities (Specify):		15h. FBI Form 249 Submitted: ( ) Yes ( ) No		15i. FBI Form R-84 Submitted: ( ) Yes ( ) No	
16a. Involvement: ( ) Alcohol ( ) Drug ( ) None		16b. Alcohol/Drug Test Results: .03%			
16c. Illness/Injury:					
16d. Alcohol/Drug Involvement Remarks:					
17a. Chemical Test Type: ( ) Blood Test ( ) Breathalyzer ( ) Saliva Test ( ) Urine Test ( ) Other					
17b. Drug Type: ( ) A "Crack" Cocaine ( ) F Morphine ( ) K Other Hallucinogens ( ) O Other Depressants ( ) B Cocaine ( ) G Opium ( ) L Amphetamines/Methamphetamines ( ) P Other Drugs ( ) C Hashish ( ) H Other Narcotics ( ) M Other Stimulants ( ) Q Steroids ( ) D Heroin ( ) I LSD ( ) N Barbiturates ( ) U Unknown Type Drug ( ) E Marijuana ( ) J PCP					
17c. Drug Test and Measurement (i.e., parts per million, cubic centimeters, etc.)				17d. Drug Detection By Other Law Enforcement Means: ( ) Yes ( ) No	

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Section III - Additional Subjects					
1a. Subject No: <b>2</b>		1b. Name (Last, First, Middle Name (R., Sr., III): <b>LARSON, JONATHAN ONEILL</b>		1c. SSN/FN: <b>[REDACTED]</b> Reg No:	
1d. Protected Identity: ( )		1e. Category: ( ) A Army ( ) C Coast Guard ( ) F Air Force ( ) H Public Health ( ) M Marine ( ) N Navy ( ) O NOAA ( ) P Family Member ( ) Q Civil Service (X) R Civilian ( ) S Contractor ( ) T Other Gov. Empl. ( ) U Foreign Nat'l Empl. ( ) V Other Foreign Nat'l ( ) W Retired Military		1f. DOB (YYYY/MM/DD): <b>[REDACTED]</b>	
1g. POB: City, State, Country: <b>SANDPOINT, ID US</b>		1h. Grade: <b>NA-3</b>		1i. Home Phone:	
1j. Work Phone:		1k. Nicknames/Alas:		1l. Citizenship: (X) US ( ) Resident Alien ( ) Country (Specify):	
1m. Component: ( ) G Nat'l Guard ( ) R Regular ( ) V Reserves		1n. Drivers Lic. Number:		1o. Is License ( ) FR Foreign ( ) IT International ( ) State (Specify):	
2a. Organization, UIC, And Street Address: <b>W4RH01 ARMED FORCES RECREATION</b>		2b. Installation/City: <b>APO</b>		2d. Zip/APO: <b>09053</b>	
2c. State/Country: <b>AE</b>		2e. Unit Phone:		3a. Residence Street Address: <b>WADHEIM BLDG, RM 418</b>	
3b. Installation/City: <b>CHIEMSEE</b>		3d. Zip/APO: <b>09088</b>		3c. State/Country: <b>GE</b>	
4a. Hair Color: ( ) Brown ( ) Blond ( ) Black ( ) Gray (X) Red ( ) White ( ) Other (Specify):					
4b. Eye Color: (X) Brown ( ) Black ( ) Gray ( ) Blue ( ) Green ( ) Hazel ( ) Violet					
4c. Complexion: ( ) Albino ( ) Black ( ) Dark ( ) Dark Brn ( ) Fair (X) Light ( ) Light Brn ( ) Medium ( ) Medium Brn ( ) Ruddy ( ) Yellow ( ) Sallow ( ) Olive					
4d. Age Range (Specify): <b>0 - 0</b>		4e. Height: <b>73</b>		4f. Weight: <b>200</b>	
5. Juvenile: ( ) Yes (X) No		6. Sex: (X) Male ( ) Female ( ) Unknown		7. Race: ( ) A Asian/Pac. Islander ( ) B Black ( ) I American Indian/ Alaskan Native (X) W White ( ) U Unknown	
8. Ethnicity: ( ) H Hispanic ( ) N Not of Hispanic Origin (X) U Unknown		9. Identifying Marks And Location: <b>NONE VISIBLE</b>		11. Offender's Disposition: <b>PROCESSED AND RELEASED</b>	
10. How Dressed at Time of Incident (Clothing, Materials, Colors): <b>CIVILIAN ATTIRE</b>					
12. Security Clearance: (X) None ( ) Confidential ( ) Secret ( ) Top Secret ( ) Other (Specify):					
13. Marital Status: ( ) Annulled ( ) Divorced ( ) Divorce Decree, Not Finalized ( ) Legally Separated ( ) Married (X) Single ( ) Widowed					
14. Subject Armed With (Check Up To Two And Whether (F) Fully Automatic, (M) Manual, (S) Semi-Automatic or (U) Unknown): (X) 1 Unarmed ( ) 11 Firearm (Unk Type) ( ) 12 Hand Gun ( ) 13 Rifle ( ) 14 Shotgun ( ) 15 Other Firearm (Specify Below) ( ) 16 Lethal Cutting Instrument ( ) 17 Club/Blackjack/Knuckles		15a. Subject Involvement: ( ) Accessory ( ) Conspiracy (X) Principle ( ) Solicit		15b. Apprehension Type: (X) Military ( ) Surrender ( ) Civil Authorities ( ) Other (Specify):	
15c. Apprehension Date (YYYY/MM/DD): <b>2000/01/19</b>		15d. Apprehension PMO (UIC/MPC): <b>WCAXAA</b>		15e. Detention Type: ( ) N Non-Uniformed Svc (X) U Uniformed Svc	
15f. How Dressed At Time of Apprehension: <b>CIVILIAN ATTIRE</b>					
15g. Disposition Of Person Under 18 Years: ( ) H Handled Internally ( ) R Referred to Other Authorities (Specify):		15h. FBI Form 249 Submitted: ( ) Yes (X) No		15i. FBI Form R-84 Submitted: ( ) Yes (X) No	
16a. Involvement: (X) Alcohol ( ) Drug ( ) None		16b. Alcohol/Drug Test Results: <b>.07%</b>			
16c. Illness/Injury:					
16d. Alcohol/Drug Involvement Remarks:					
17a. Chemical Test Type: ( ) Blood Test ( ) Breathalyzer ( ) Saliva Test ( ) Urine Test ( ) Other					
17b. Drug Type: ( ) A "Crack" Cocaine ( ) F Morphine ( ) K Other Hallucinogens ( ) O Other Depressants ( ) B Cocaine ( ) G Opium ( ) L Amphetamines/Methamphetamines ( ) P Other Drugs ( ) C Hashish ( ) H Other Narcotics ( ) M Other Stimulants ( ) Q Steroids ( ) D Heroin ( ) I LSD ( ) N Barbiturates ( ) U Unknown Type Drug ( ) E Marijuana ( ) J PCP					
17c. Drug Test and Measurement (i.e.: parts per million, cubic centimeters, etc.)				17d. Drug Detection By Other Law Enforcement Means: ( ) Yes ( ) No	
This form is a continuation of SECTION III, DA Form 3976. Please attach it to DA Form 3976 when completed. For use of this form see AR 190-45; the proponent agency is ODCSOPS					
PRIVACY ACT STATEMENT					
AUTHORITY: Title 10 United States Code Section 301; Title 5 United States Code Section 2951; Executive Order 9397 dated November 22, 1943 (SSN).					
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified					
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.					
DISCLOSURES: Disclosure of your Social Security Number is voluntary.					

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Section III - Additional Subjects					
1a. Subject No: <b>3</b>	1b. Name (Last, First, Middle Name, Jr., Sr., III): <b>EDWARDS, NATHAN THOMAS</b>	1c. SSN/FNMI/ID Reg No: <b>[REDACTED]</b>	1d. Protected Identity: ( )		
1e. Category: ( ) A Army ( ) C Coast Guard ( ) F Air Force ( ) H Public Health ( ) M Marine ( ) N Navy ( ) O NOAA ( ) P Family Member ( ) Q Civil Service (X) R Civilian ( ) S Contractor ( ) T Other Gov. Empl. ( ) U Foreign Nat'l Empl. ( ) V Other Foreign Nat'l ( ) W Retired Military	1f. DOB (YYYY/MM/DD): <b>[REDACTED]</b>	1g. POB: City, State, Country: <b>SPOKANE, WA D USUS</b>	1h. Grade <b>NA-3</b>	1i. Home Phone: <b>08061 8030</b>	1j. Work Phone:
	1k. Nicknames/Alias:		1l. Citizenship: (X) US ( ) Resident Alien ( ) Country (Specify):		
	1n. Drivers Lic. Number:		1m. Component: ( ) G Nat'l Guard ( ) R Regular ( ) V Reserves 1o. Is License ( ) FR Foreign ( ) IT International ( ) State (Specify):		
	2a. Organization, UIC, And Street Address: <b>W4RH01 ARMED FORCES RECREATION</b>		2b. Installation/City: <b>AP0</b>		2d. Zip/APO: <b>08053</b>
	3a. Residence Street Address: <b>ANNEX RM #114</b>		2c. State/Country: <b>AE</b>		2e. Unit Phone:
		3b. Installation/City: <b>CHIEMSEE</b>		3d. Zip/APO: <b>09098</b>	
		3c. State/Country: <b>GE</b>			
4a. Hair Color: (X) Brown ( ) Blond ( ) Black ( ) Gray ( ) Red ( ) White ( ) Other (Specify):					
4b. Eye Color: ( ) Brown ( ) Black ( ) Gray ( ) Blue (X) Green ( ) Hazel ( ) Violet					
4c. Complexion: ( ) Albino ( ) Black ( ) Dark ( ) Dark Brn (X) Fair ( ) Light ( ) Light Brn ( ) Medium ( ) Medium Brn ( ) Ruddy ( ) Yellow ( ) Sallow ( ) Olive					
4d. Age Range (Specify): <b>0 - 0</b>		4e. Height: <b>73</b>	4f. Weight: <b>185</b>	5. Juvenile: ( ) Yes (X) No	
6. Sex: (X) Male ( ) Female ( ) Unknown					
7. Race ( ) A Asian/Pac. Islander ( ) B Black ( ) I American Indian/ Alaskan Native (X) W White ( ) U Unknown	8. Ethnicity ( ) H Hispanic ( ) N Not of Hispanic Origin (X) U Unknown		9. Identifying Marks And Location: <b>NONE VISIBLE</b>		11. Offender's Disposition: <b>PROCESSED AND RELEASED</b>
10. How Dressed at Time of Incident (Clothing, Materials, Colors): <b>CIVILIAN ATTIRE</b>					
12. Security Clearance: (X) None ( ) Confidential ( ) Secret ( ) Top Secret ( ) Other (Specify):					
13. Marital Status: ( ) Annulled ( ) Divorced ( ) Divorce Decree, Not Finalized ( ) Legally Separated ( ) Married (X) Single ( ) Widowed					
14. Subject Armed With (Check Up To Two And Whether (F) Fully Automatic, (M) Manual, (S) Semi-Automatic or (U) Unknown): (X) 1 Unarmed ( ) 11 Firearm (Unk Type) ( ) 12 Hand Gun ( ) 13 Rifle ( ) 14 Shotgun ( ) 15 Other Firearm (Specify Below) ( ) 16 Lethal Cutting Instrument ( ) 17 Club/Blackjack/Knuckles		15a. Subject Involvement: ( ) Accessory ( ) Conspiracy (X) Principle ( ) Solicit		15b. Apprehension Type: (X) Military ( ) Surrender ( ) Civil Authorities ( ) Other (Specify):	
		15c. Apprehension Date (YYYY/MM/DD): <b>2000/01/18</b>		15d. Apprehension PMO (UIC/MPC): <b>WCAXAA</b>	
		15f. How Dressed At Time of Apprehension: <b>CIVILIAN ATTIRE</b>		15e. Detention Type: ( ) N Non-Uniformed Svc (X) U Uniformed Svc.	
15g. Disposition Of Person Under 18 Years: ( ) H Handled Internally ( ) R Referred to Other Authorities (Specify):			15h. FBI Form 249 Submitted: ( ) Yes (X) No		15i. FBI Form R-84 Submitted: ( ) Yes (X) No
16a. Involvement: (X) Alcohol ( ) Drug ( ) None		16b. Alcohol/Drug Test Results: <b>.03%</b>			
16c. Illness/Injury:					
16d. Alcohol/Drug Involvement Remarks:					
17a. Chemical Test Type: ( ) Blood Test ( ) Breathalyzer ( ) Saliva Test ( ) Urine Test ( ) Other					
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17c. Drug Test and Measurement (i.e.: parts per million, cubic centimeters, etc.)					17d. Drug Detection By Other Law Enforcement Means: ( ) Yes ( ) No
This form is a continuation of SECTION III, DA Form 3975. Please attach it to DA Form 3975 when completed. For use of this form see AR 190-45, the proponent agency is ODCSOPS					
<p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> Title 10 United States Code Section 301; Title 5 United States Code Section 2951; Executive Order 9397 dated November 22, 1943 (SSN).</p> <p><b>PRINCIPAL PURPOSE:</b> To provide commanders and law enforcement officials with means by which information may be accurately identified</p> <p><b>ROUTINE USES:</b> Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.</p> <p><b>DISCLOSURES:</b> Disclosure of your Social Security Number is voluntary.</p>					

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<b>Section IV - Victim (For additional victims, complete DA Form 3975-3)</b>										
1a. Victim No:		1b. Name (last, First, Middle Name, Jr., Sr., III):			1c. SSN/FNN/Alien Reg No:		1d. Protected Identity: ( )			
1e. Category: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1f. DOB (YYYY/MM/DD):		1g. POB: City, State, Country:		1h. Grade		1i. Home Phone:		
		1k. Nicknames/Alias:				1l. Citizenship: ( ) US ( ) Resident Alien ( ) Country (Specify):				
		1n. Drivers Lic. Number:				1m. Component: ( ) G Nat'l Guard ( ) R Regular ( ) V Reserves				
		2a. Organization, UIC, And Street Address:				2b. Installation/City:		2d. Zip/APO:		
		2c. State/Country:				2e. Unit Phone:				
3a. Residence Street Address:				3b. Installation/City:		3d. Zip/APO:		3c. State/Country:		
4a. Type Of Victim: <input type="checkbox"/> B Business ( ) R Religious Org. <input type="checkbox"/> F Financial ( ) S Society/Public <input type="checkbox"/> G Govt. ( ) Other <input type="checkbox"/> I Individual ( ) Unknown			4b. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		4c. Age: <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1-6 Days Old <input type="checkbox"/> 7-364 Days Old <input type="checkbox"/> _____ Years Old <input type="checkbox"/> Age Range (Specify):		4d. Race <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown		4e. Ethnicity <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	
5. Bias Motivation: ( ) Yes ( ) No (Check Applicable Bias) <input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic <input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic (Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific Islander <input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religions <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias										
6. Relationship Of Victim To Offender (For Multiple Offender Relationship, Enter the Subject's Number.): <input type="checkbox"/> AA Spouse ( ) AV Step-Sibling ( ) BL Homosexual Relationship <input type="checkbox"/> AB Child ( ) AZ Friend ( ) BN Extended Family <input type="checkbox"/> AC Sibling ( ) BA Neighbor ( ) BY Employee <input type="checkbox"/> AD Parent ( ) BB Com. Law Spouse ( ) BZ Employer <input type="checkbox"/> AE Parent-In-Law ( ) BC Acquaintance ( ) BX Stranger <input type="checkbox"/> AF Step Child ( ) BD Baby-Sitter (baby) ( ) CA Otherwise Known <input type="checkbox"/> AG Grandparent ( ) BE Boy/Girlfriend ( ) CB Otherwise Unknown <input type="checkbox"/> AH Step-Parent ( ) BF Child of Boy/Girlfriend ( ) VO Offender <input type="checkbox"/> AK Grandchild ( ) BH Former Spouse						7. Victim Involvement: <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit		8. Injury Type (Check Up To Five): <input type="checkbox"/> B Broken Bones <input type="checkbox"/> I Possible Internal <input type="checkbox"/> L Severe Laceration <input type="checkbox"/> M Minor Injury <input type="checkbox"/> O Major Injury <input type="checkbox"/> T Tooth Loss <input type="checkbox"/> U Unconsciousness <input type="checkbox"/> Z None		
9a. DD Form 2701 Provided Victim: ( ) Yes ( ) No						9b. If Not Provided, Why Not? ( ) Declined ( ) Not Required				
<b>Section V - Persons Related To Report (For additional persons related to report, complete DA Form 3975-4)</b>										
1a. Person Related To Report Number: 1		1b. Status: ( ) Civil Authorities ( ) Complaint ( ) Military Police ( ) Sponsor (X) Witness								
1c. Name (Last, First, Middle Name, Jr., Sr., III): EOFF, TRAVIS LUKE				1d. SSN/FNN/Alien Reg No: [REDACTED]		1e. Citizenship: (X) US ( ) Resident Alien ( ) Country (Specify):				
1f. Category: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input checked="" type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1g. DOB (YYYY/MM/DD): [REDACTED]		1h. POB: City, State, Country: SALEM, OR US		1i. Grade NA-3		1j. Home Phone:		
		1k. Nicknames/Alias:				1m. Component: ( ) G Nat'l Guard ( ) R Regular ( ) V Reserves				
		1n. Drivers Lic. Number:				1o. Is License ( ) Foreign ( ) International ( ) State Other (Specify):				
		2a. Organization, UIC, And Street Address: W4RH01 ARMED FORCES RECREATION				2b. Installation/City: APO		2d. Zip/APO: 09053		
		2c. State/Country: AE				2e. Unit Phone:				
3a. Residence Street Address: WALDHEIM RM# 418				3b. Installation/City: CHIEMSEE		3d. Zip/APO: 09098		3c. State/Country: GE		
4a. DD Form 2701 Provided Witness: (X) Yes ( ) No						4b. If Not Provided, Why Not? ( ) Declined ( ) Not Required				
5. Number of Victims ( 0 ) and Witnesses ( 3 ) Notified with DD Form 2701										

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Section V - Additional Persons Related To Report						
1a. Person Related To Report Number: <b>2</b>		1b. Status: <input checked="" type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Witness				
1c. Name (Last, First, Middle Name, JR., Sr., III): <b>BARROFET, JORGE DEJESUS</b>		1d. SSN/FNN/Allen Reg No: <b>[REDACTED]</b>		1e. Citizenship: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):		
1f. Category: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input checked="" type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <b>[REDACTED]</b>	1h. POB: City, State, Country: <b>CHICAGO, IL US</b>		1i. Grade <b>NA-3</b>	1j. Home Phone:	1k. Work Phone: <b>4402691</b>
	1l. Nicknames/Alias:				1m. Component: <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	
	1n. Drivers Lic. Number:		1o. Is License <input type="checkbox"/> Foreign <input type="checkbox"/> International <input type="checkbox"/> State _____ Other (Specify):			
	2a. Organization, UIC, And Street Address: <b>W4RH01 ARMED FORCES RECREATION</b>		2b. Installation/City: <b>AP0</b>		2d. Zip/APO: <b>09063</b>	
	2c. State/Country: <b>AE</b>		2e. Unit Phone:			
	3a. Residence Street Address: <b>ABRAMS COMPLEX RM #134</b>		3b. Installation/City: <b>GARMISCH</b>		3d. Zip/APO: <b>09063</b>	
		3c. State/Country: <b>GE</b>				
4a. DD Form 2701 Provided Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				4b. If Not Provided, Why Not? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required		
Additional Persons Related To Report						
1a. Person Related To Report Number: <b>3</b>		1b. Status: <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Witness				
1c. Name (Last, First, Middle Name, JR., Sr., III): <b>PERRY, LANCE DANIEL</b>		1d. SSN/FNN/Allen Reg No: <b>[REDACTED]</b>		1e. Citizenship: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):		
1f. Category: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input checked="" type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <b>[REDACTED]</b>	1h. POB: City, State, Country: <b>LEWISTON, ID US</b>		1i. Grade <b>NA-3</b>	1j. Home Phone:	1k. Work Phone:
	1l. Nicknames/Alias:				1m. Component: <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	
	1n. Drivers Lic. Number:		1o. Is License <input type="checkbox"/> Foreign <input type="checkbox"/> International <input type="checkbox"/> State _____ Other (Specify):			
	2a. Organization, UIC, And Street Address: <b>W4RH01 ARMED FORCES RECREATION</b>		2b. Installation/City: <b>AP0</b>		2d. Zip/APO: <b>09063</b>	
	2c. State/Country: <b>AE</b>		2e. Unit Phone:			
	3a. Residence Street Address: <b>WALDHEIM RM#419</b>		3b. Installation/City: <b>CHIEMSEE</b>		3d. Zip/APO: <b>09098</b>	
		3c. State/Country: <b>GE</b>				
4a. DD Form 2701 Provided Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				4b. If Not Provided, Why Not? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required		
<p><b>This form is a continuation of SECTION V, DA Form 3975.</b></p> <p><b>Please attach it to DA Form 3975 when completed.</b></p> <p>For use of this form see AR 190-45; the proponent agency is ODCSOPS</p>						
PRIVACY ACT STATEMENT						
<p><b>AUTHORITY:</b> Title 10 United States Code Section 301; Title 5 United States Code Section 2951; Executive Order 9397 dated November 22, 1943 (SSN).</p> <p><b>PRINCIPAL PURPOSE:</b> To provide commanders and law enforcement officials with means by which information may be accurately identified</p> <p><b>ROUTINE USES:</b> Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.</p> <p><b>DISCLOSURES:</b> Disclosure of your Social Security Number is voluntary.</p>						

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Section V - Additional Persons Related To Report					
1a. Person Related To Report Number: <b>4</b>		1b. Status: <input checked="" type="checkbox"/> Civil Authorities <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness			
1c. Name (Last, First, Middle Name, JR., Sr., III): <b>STEWART, SHANE KEITH</b>		1d. SSN/FNN/Alien Reg No: <b>[REDACTED]</b>		1e. Citizenship: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify): <b>US</b>	
1f. Category: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <b>[REDACTED]</b>	1h. POB: City, State, Country: <b>ANDERSON, IN US</b>		1i. Grade <b>NA-3</b>	1j. Home Phone: <b>01712360607</b>
	1l. Nicknames/Alas:			1m. Component: <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	
	1n. Drivers Lic. Number:			1o. Is License <input type="checkbox"/> Foreign <input type="checkbox"/> International <input type="checkbox"/> State _____ Other (Specify):	
	2a. Organization, UIC, And Street Address: <b>WARH01 ARMED FORCES RECREATION</b>			2b. Installation/City: <b>AP0</b>	2d. Zip/APO: <b>09053</b>
	2c. State/Country: <b>AE</b>			2e. Unit Phone:	
	3a. Residence Street Address: <b>AFRC GARMISCH</b>			3b. Installation/City: <b>UNIT 24601 APO</b>	3d. Zip/APO: <b>09053</b>
3c. State/Country: <b>AE</b>					
4a. DD Form 2701 Provided Witness: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			4b. If Not Provided, Why Not? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required		
Additional Persons Related To Report					
1a. Person Related To Report Number: <b>5</b>		1b. Status: <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness			
1c. Name (Last, First, Middle Name, JR., Sr., III): <b>PURSER, SCOT MELTON</b>		1d. SSN/FNN/Alien Reg No: <b>[REDACTED]</b>		1e. Citizenship: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):	
1f. Category: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <b>[REDACTED]</b>	1h. POB: City, State, Country: <b>OKLAHOMA CITY, OK US</b>		1i. Grade <b>E-4</b>	1j. Home Phone: <b>440-2801</b>
	1l. Nicknames/Alas:			1m. Component: <input type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	
	1n. Drivers Lic. Number:			1o. Is License <input type="checkbox"/> Foreign <input type="checkbox"/> International <input type="checkbox"/> State _____ Other (Specify):	
	2a. Organization, UIC, And Street Address: <b>WCAX01 6TH ASG</b>			2b. Installation/City: <b>AP0</b>	2d. Zip/APO: <b>09131</b>
	2c. State/Country: <b>AE</b>			2e. Unit Phone:	
	3a. Residence Street Address: <b>AST-GARMISCH</b>			3b. Installation/City: <b>AP0</b>	3d. Zip/APO: <b>09053</b>
3c. State/Country: <b>AE</b>					
4a. DD Form 2701 Provided Witness: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			4b. If Not Provided, Why Not? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		
<p><b>This form is a continuation of SECTION V, DA Form 3975.</b></p> <p><b>Please attach it to DA Form 3975 when completed.</b></p> <p>For use of this form see AR 180-45; the proponent agency is ODCSOPS</p>					
<p><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> Title 10 United States Code Section 301; Title 5 United States Code Section 2951; Executive Order 9397 dated November 22, 1943 (SSN).</p> <p><b>PRINCIPAL PURPOSE:</b> To provide commanders and law enforcement officials with means by which information may be accurately identified</p> <p><b>ROUTINE USES:</b> Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.</p> <p><b>DISCLOSURES:</b> Disclosure of your Social Security Number is voluntary.</p>					

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Section V - Additional Persons Related To Report					
1a. Person Related To Report Number: <b>6</b>		1b. Status: <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness			
1c. Name (Last, First, Middle Name, JR., Sr., III): <b>CLARK, RANDY NMN</b>		1d. SSN/FNN/Alien Reg No: <b>[REDACTED]</b>		1e. Citizenship: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify): <b>US</b>	
1f. Category: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <b>[REDACTED]</b>	1h. POB: City, State, Country: <b>DAYTON, OH US</b>		1i. Grade <b>E-6</b>	1j. Home Phone: <b>440-2827</b>
	1l. Nicknames/Alias:			1k. Work Phone: <b>440-2827</b>	
	1m. Component: <input type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves				
	1n. Drivers Lic. Number:			1o. Is License <input type="checkbox"/> Foreign <input type="checkbox"/> International <input type="checkbox"/> State _____ Other (Specify):	
	2a. Organization, UIC, And Street Address: <b>WCAX01 6TH ASG</b>			2b. Installation/City: <b>APC</b>	
2c. State/Country: <b>AE</b>			2d. Zip/APO: <b>09131</b>		
2e. Unit Phone:			2f. State/Country: <b>AE</b>		
3a. Residence Street Address:			3b. Installation/City:		
3c. State/Country:			3d. Zip/APO:		
4a. DD Form 2701 Provided Witness: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			4b. If Not Provided, Why Not? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		
Additional Persons Related To Report					
1a. Person Related To Report Number:		1b. Status: <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness			
1c. Name (Last, First, Middle Name, JR., Sr., III):		1d. SSN/FNN/Alien Reg No:		1e. Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):	
1f. Category: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:		1i. Grade	1j. Home Phone:
	1l. Nicknames/Alias:			1k. Work Phone:	
	1m. Component: <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves				
	1n. Drivers Lic. Number:			1o. Is License <input type="checkbox"/> Foreign <input type="checkbox"/> International <input type="checkbox"/> State _____ Other (Specify):	
	2a. Organization, UIC, And Street Address:			2b. Installation/City:	
2c. State/Country:			2d. Zip/APO:		
2e. Unit Phone:			2f. State/Country:		
3a. Residence Street Address:			3b. Installation/City:		
3c. State/Country:			3d. Zip/APO:		
4a. DD Form 2701 Provided Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No			4b. If Not Provided, Why Not? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required		
<p><b>This form is a continuation of SECTION V, DA Form 3975.</b></p> <p><b>Please attach it to DA Form 3975 when completed.</b></p> <p>For use of this form see AR 190-45; the proponent agency is CDCSOPS</p>					
PRIVACY ACT STATEMENT					
<p><b>AUTHORITY:</b> Title 10 United States Code Section 301; Title 5 United States Code Section 2951; Executive Order 9397 dated November 22, 1943 (SSN)</p> <p><b>PRINCIPAL PURPOSE:</b> To provide commanders and law enforcement officials with means by which information may be accurately identified</p> <p><b>ROUTINE USES:</b> Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.</p> <p><b>DISCLOSURES:</b> Disclosure of your Social Security Number is voluntary.</p>					

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Section VI - Property (For additional properties, complete DA Form 3975-5)						
1a. Item No:	1b. Code:	1c. Quantity:	1d. Value:	1e. Description:	1f. Serial Number:	
1g. Date Recovered (YYYY/MM/DD):		1h. Date Returned (YYYY/MM/DD):		1i. Security: ( ) S Secured ( ) U Unsecured ( ) Z Unknown		
1j. Property Ownership: ( ) A Federal ( ) B State ( ) C City ( ) D County/Borough ( ) E Foreign Govt. ( ) F Private ( ) U Unknown						
1k. Property Loss Type (Check All That Apply): ( ) 1 None ( ) 2 Burned ( ) 3 Counterfeited/Forged ( ) 4 Damaged/Destroyed/Vandalized ( ) 5 Recovered ( ) 6 Seized ( ) 7 Stolen						
1a. Item No:	1b. Code:	1c. Quantity:	1d. Value:	1e. Description:	1f. Serial Number:	
1g. Date Recovered (YYYY/MM/DD):		1h. Date Returned (YYYY/MM/DD):		1i. Security: ( ) S Secured ( ) U Unsecured ( ) Z Unknown		
1j. Property Ownership: ( ) A Federal ( ) B State ( ) C City ( ) D County/Borough ( ) E Foreign Govt. ( ) F Private ( ) U Unknown						
1k. Property Loss Type (Check All That Apply): ( ) 1 None ( ) 2 Burned ( ) 3 Counterfeited/Forged ( ) 4 Damaged/Destroyed/Vandalized ( ) 5 Recovered ( ) 6 Seized ( ) 7 Stolen						
Property Description Code Table						
01 Aircraft	12 Farm Equipment	23 Office-Type Equipment	34 Structures-Storage			
02 Alcohol	13 Firearms	24 Other Motor Vehicles	35 Structures-Other			
03 Automobile	14 Gambling Equipment	25 Purse/Handbag/Wallet	36 Tools/Hand and Power			
04 Bicycle	15 Heavy Construction Equipment	26 Radio/TV/VCR	37 Trucks			
05 Buses	16 Household Goods	27 Audio/Visual Recording	38 Vehicle Parts/Accessories			
06 Clothing/Furs	17 Jewelry/Precious Metals	28 Recreational Vehicle	39 Watercraft			
07 Computer Hardware/Software	18 Livestock	29 Structure-Single Occupancy	40 Other (Specify):			
08 Consumable Goods	19 Merchandise	30 Structures-Other-Dwellings				
09 Credit/Debit Cards	20 Money	31 Structures-Commercial/Business				
10 Drugs/Narcotics (See Below)	21 Negotiable Instruments	32 Structures-Industry/Manufacturing	41 Pending Inventory			
11 Drugs/Narcotics Equipment	22 Non-Negotiable Instruments	33 Structures-Public/Community	42 Special Category			
Drug/Narcotic Measures: GM-Gram KG-Kilogram OZ-Ounce LB-Pound FO-Fluid Ounce GL-Gallon LT-Liter ML-Milliliter DU-Dosage Unit NP-Number of Plants						
Section VII - Narrative						
<p>AT 0030HRS, 19 JAN 00, STEWART TELEPHONICALLY NOTIFIED THE MP STATION OF AN ASSAULT. INVESTIGATION BY CLARK AND PURSER REVEALED THAT BETWEEN THE ABOVE TIMES AND ON THE ABOVE DATE, CONLEY CONFRONTED LARSON AND EDWARDS ABOUT HAVING SNOWBALLS THROWN AT HIM. CONLEY THEN PUSHED AND STRUCK LARSON, BREAKING LARSON'S FRONT TOOTH. LARSON AND EDWARDS THEN STRUCK CONLEY IN THE LIP AND LEFT SIDE OF THE HEAD. CONLEY, LARSON AND EDWARDS WERE DETAINED AND TRANSPORTED TO THE MP STATION AND ADVISED OF THEIR LEGAL RIGHTS, WHICH THEY WAIVED. CONLEY RENDERED A WRITTEN SWORN STATEMENT DENYING THROWING SNOWBALLS OR PUNCHES. EDWARDS RENDERED A WRITTEN SWORN STATEMENT, ADMITTING TO STRIKING CONLEY TWICE AND WITNESSING LARSON STRIKE CONLEY. EDWARDS ALSO ADMITTED THROWING SNOWBALLS AT CONLEY. GARMISCH POLIZEI WERE NOTIFIED BUT DECLINED INVESTIGATION. CONLEY WAS ADMINISTERED A B.A.T. WHICH RESULTED IN A 0.7% PROMILLE READING. LARSON WAS ADMINISTERED A B.A.T. WITH A RESULT OF 0.03% PROMILLE. THIS CASE WAS COORDINATED WITH SJA (CPT DENNIS) WHO OPINED THAT THERE WAS SUFFICIENT EVIDENCE TO TITLE CONLEY, EDWARDS AND LARSON WITH THE ABOVE OFFENSE.</p> <p>SUBJECT # 1: PREVIOUS OFFENSE(S): 0 (NONE) AT THIS STATION.</p> <p>SUBJECT # 2: PREVIOUS OFFENSE(S): 0 (NONE) AT THIS STATION.</p> <p>SUBJECT # 3: PREVIOUS OFFENSE(S): 0 (NONE) AT THIS STATION.</p> <p>MP REPORTS ARE EXEMPT FROM AUTOMATIC DISCLOSURE IAW THE PRIVACY ACT AND THE FREEDOM OF INFORMATION ACT.</p> <p>THIS IS A FINAL REPORT.</p>						
1. Enclosures: CONLEY, N DD 1920, DA 3881, DA 2823, INFORMATION WORKSHEET LARSON, J DA 3881, DA 2823, INFORMATION WORKSHEET EDWARDS, N DA 3881, DA 2823, INFORMATION WORKSHEET EOFF, T		2. Distribution: 1-APRC 1-CRC 1-FILE 1-SJA		3. Name: RONALD S. COX 5. Title Of Reporting Official: STATION COMMANDER 6. Signature:		4. Grade: SFC

Continued

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Section VII - Narrative (Continued)

Enclosures (Continued)

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